EXTENSION GRANTED TO 5/17/10

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For th	e 2008 calendar year, or tax year beginning $\mathrm{JUL}1$, 2008	JUN 30, 2009									
	Check if applicab		D Employer identific	ation number								
_	Addre	ss label or DEVELODMENT CODDODATION										
⊢	lchang Name	type	20-0.	701353								
늗	lchang Initial	Cong Business As										
	return Termi ation	Specific 1700 TOMLINSON ROAD		505-1300								
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	879,560.								
Ę	Application	FIIILADELIFIITA, PA 19110	H(a) is this a group re	H(a) is this a group return								
	pendi	F Name and address of principal officer:DAVID SEGAL	for affiliates?	Yes X No								
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No								
1	Tax-ex	empt status: X 501(c) (3) ◀ (insert no.)	If "No," attach a	ist (see instructions)								
J	Websi	te: ► N/A	H(c) Group exemption									
<u>K</u>	Type of	organization X Corporation	(ear of formation 2002 M	State of legal domicile PA								
P	art I		·									
Φ		Briefly describe the organization's mission or most significant activities: THE ORGA										
Activities & Governance		PURPOSE IS TO DEVELOP AND MAINTAIN AN EDUCAT	ION FACILITY I	FOR THE								
Ĕ	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.										
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	3								
<u>م</u> 2	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	3								
es	5	Total number of employees (Part V, line 2a)	5	0								
ž	6	Total number of volunteers (estimate if necessary)	6	0								
Ç	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	. 7a	0.								
_	ь	Net unrelated business taxable income from Form 990-T, line 34		0.								
			Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)										
Revenue	9	Program service revenue (Part VIII, line 2g)	803,700.	803,700.								
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,882.	75,860.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	837,582.	879,560.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)										
	14	Benefits paid to or for members (Part)										
es	15	Salaries, other compensation, employed her man (A), lines 5-10)										
Expenses	16a	Professional fundraising fees (Fatt X, column (A), line 11e) Total fundraising expenses (Patt X, column (A), line 280 10	İ									
Ž	ь	Total fundraising expenses (Part (column (b), In 22) 10 10 10										
Ш	17	Other expenses (Part IX, column lines 11a-11d, 11f-24f)	578,047.	607,906.								
	18	Total expenses. Add lines 13-1 (musi countered in Follomin (A), line 25)	578,047.	607,906.								
	19	Revenue less expenses. Subtract line 18 from the	259,535.	271,654.								
sets or		(Long to Control of Co	Beginning of Year	End of Year								
sets	20	Total assets (Part X, line 16)	9,209,398.	8,480,602.								
Net Ass	21	Total liabilities (Part X, line 26)	9,233,216.	8,232,766.								
캺	22	Net assets or fund balances Subtract line 21 from line 20 .	-23,818.	247,836.								
P	art II	Signature Block										
Sig	n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Becausing of preparer to the trian fifther) is based on all information of which preparer has any knowled	ents, and to the best of my knowledge	e and belief, it is true, correct,								
Hei		Signature of officer	Date									
		DAVID SEGAL, TREASURER										
		Type or print name and title										
Pan		Preparer's signature Date CA 51/4/10	Check if Self- employed	's identifying number ructions)								
	parer's	Firm's name (or CANTOR NOVAK BEAVER & DIKE DC	EIN >									
Use	Only	yours if self-employed). 141 FRIENDS LANE	CIIV									
		address, and ZIP+4 NEWTOWN, PA 18940	Dhana = 2 1	5-550-2954								
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)	rnone no - 21									
14197	111011	to discuss this return with the preparer shown above? (see instructions)		X Yes No								

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2008)

•	PHI	LADELPHIA ACA	DEMY COMMUNI	ΙΤΥ		
	990 (2008) DEV	ELOPMENT CORP		untin not	20-070135	3 Page 2
1	Bnefly describe the organization THE ORGANIZATION EDUCATION FACILI	's mission: 'S PRIMARY PU	RPOSE IS TO	DEVELOP AND		
2	Did the organization undertake a the prior Form 990 or 990-EZ? If "Yes", describe these new ser		rvices during the year w	hich were not listed on	. 🗀	/es X No
3	Did the organization cease cond If "Yes", describe these changes	ucting, or make significan	t changes in how it cond	ducts, any program serv	rices?	es X No
4	Describe the exempt purpose at Section 501(c)(3) and 501(c)(4) of allocations to others, the total ex	rganizations and section	4947(a)(1) trusts are req	uired to report the amou	•	
4a	(Code:)(Experiment) (Experiment) (Experimen	'S PRIMARY PU TY FOR THE PH THE ORGANIZAT	ILADELPHIA A ION LEASES E	DEVELOP AND CADEMY CHART	MAINTAIN AN TER SCHOOL. THE PHILADELP	
4b	(Code:) (Expe	enses \$	including grants of	\$) (Revenue \$)
4c	(Code:) (Expe	enses \$	including grants of	\$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) including grants of \$) (Revenue \$
\$ 607,906. (Must equal Part IX, Line 25, column (B).) (Expenses \$

4e Total program service expenses ▶\$

Form **990** (2008)

PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2008)

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes, " complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes, " complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.,
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			.,
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			.,
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		_^_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			Х
_	If "No", go to question 25	24a		
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
d	any tax-exempt bonds?	24c		
		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		^
J	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			ĺ
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization?			1
	If "Yes," complete Schedule L, Part IV	28ь		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	İ		1
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	İ		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			l
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

	otation and regarding out of the runge and the compilation			г. —	
	Fatastha aumhar sanadad in Ray 2 of Farm 1006, Aparial Summary and Transmittal of	1		Yes	No
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		0		
_		<u> </u>	ö		,
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		٠ - ا		
С	(gambling) winnings to prize winners?	ortable garning	1c		х
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				70.0
20		2a	0		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2ь		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see in:				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		3a		х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
••	financial account in a foreign country (such as a bank account, securities account, or other financial ac	· .	4a		Х
ь	If "Yes," enter the name of the foreign country:				
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk and			
	Financial Accounts		`		٠,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b		on?	5b		Х
	If "Yes," to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re				
_	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?	•	6ь		l
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more t	han \$75?	7a		X
ь	If "Yes." did the organization notify the donor of the value of the goods or services provided?	•	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	sonal			
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	71		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		79		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	s required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	on 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	inization, have			
	excess business holdings at any time during the year?		8	ļ	ļ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	<u> </u>	ļ
b			9ь	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter: N/A	ŀ			
а		0a	4		
		0ь	4		
11	Section 501(c)(12) organizations. Enter: N/A	1			
	·	1a			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	, , , , , , , , , , , , , , , , , , , ,	1b			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a	-	
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 1	2b	<u> </u>	000	(0000)
			rom	990	(2008)

PHILADELPHIA ACADEMY COMMUNITY

DEVELOPMENT CORPORATION

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management										
			Yes	No							
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,										
	processes, or changes in Schedule O. See instructions.			٠.							
1a	Enter the number of voting members of the governing body										
ь	Enter the number of voting members that are independent		```								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			İ							
	of officers, directors or trustees, or key employees to a management company or other person?	_3_	Х								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		<u> </u>							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Х	<u> </u>							
6	Does the organization have members or stockholders?	6		X							
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?	7a		<u>X</u>							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8ь	Х								
9a	Does the organization have local chapters, branches, or affiliates?	9a		X							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with those of the organization?	96		<u> </u>							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must										
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>							
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>							
Sec	tion B. Policies										
			Yes	No							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise										
	to conflicts?	12b									
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this is done	12c									
13	Does the organization have a written whistleblower policy?	13		X							
14	Does the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		,								
а	The organization's CEO, Executive Director, or top management official?	15a		X							
b	Other officers or key employees of the organization?	15b		X							
	Describe the process in Schedule O. (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			/							
	taxable entity during the year?	16a		X							
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		11	,							
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for									
	public inspection. Indicate how you make these available. Check all that apply.										
	Own website X Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal								
	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨	-								
	SANTILLI & THOMSON, LLC - 856-505-1300										
	4 CDEENINDER COMMEN 12000 TIMOOTAL PRIVIL CALEBO 202 MARKET		805	3							
83200	4 GREENTREE CENTRE, 13000 LINCOLN DRIVE, SUITE 302, MARLTON, NJ		002	-							

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average			Posi			(D) Reportable	(E) Reportable	(F) Estimated	
NAMES AND ADDRESS OF THE PARTY	hours per week	Individual trustee or director	edsna programatu	call		Highest compensated to the employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
NANCY MCLAUGHLIN BOARD PRESIDENT	1.00	х					0.	0.	0.	
DAVID SEGAL BOARD TREASURER	1.00						0.	0.	0.	
JACK JUNOD BOARD SECRETARY	1.00	х					0.	0.	0 .	
				-						
			-	-	-			 		
			-							
				\vdash		-				
		-		-		\vdash	 			
		-		<u> </u>		-				
		_		<u> </u>		-				

	VII Section A. Officers, Directors, Tr (A)	(B)	(C)					162	(D)	(E)	(F)			
	Name and title	Average			Pos				Reportable	Reportable			tımate	
		hours per week	<u> </u>	nectual austra	all		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	i s	com fro orga	nount other pensa om the anizat d relate anization	ition e ion ed
						_		_				-		
			_			_								·
			-											·
			_											
		-												
		-					<u> </u>							
2	Total Total number of individuals (including thos compensation from the organization	e in 1a) who re	celv	ed n	nore	tha	<u>►</u> n \$1	00,0	0 .		0.			0.
3	Did the organization list any former officer			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		_	Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue comper	nsat	ion f						ces rendered to		5		х
1	ion B. Independent Contractors Complete this table for your five highest co the organization. NONE	ompensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pens	ation fi	rom	
	(A) Name and business	address							(B) Description of s	ervices	С	(C omper		n
							 -	_						
								-						
		· 						-						
	Total number of independent contractors (from the organization	including those	ın 1) wt	no re	cel	/ed i	mor	e than \$100,000 in com	pensation				
												Form 9	990 c	(8009

PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

				CORPORATI	ON		20-0701	353 Page 9
Pa	ert VI	III Statement of Reve	nue		,			
	. ,		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants	1 a	Federated campaigns	1a			7	,	
gra	t	Membership dues	1b			` .	· ` `	
ts,	•	Fundraising events	1c					
<u>ië</u> je	•	d Related organizations	. 1d		130 1 100	, N & 10 mg		3.5
Sim	•	Government grants (contribu				4	ů 3.	
er i	1	All other contributions, gifts, gran	6 1			- / · · · ·	,	
Contributions, and other simil		similar amounts not included abo			F			
200	٩	Noncash contributions included in lines	s 1a-1f \$		` ` `	,	,	
		Total. Add lines 1a-1f	<u> </u>	Business Code		<u> </u>		
0	2 a	PROGRAM SERVICE	E REVENU	531120	803,700.	803,700.	<u>"</u>	,
٠ <u>۶</u> ح	L t			331120	337733	30371001		
Sei								
e a			<u>-</u>					
Program Service Revenue	•							
<u>a</u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<u> </u>	803,700.	`		
	3	Investment Income (including	dividends, inter	_	75 060			75 060
		other similar amounts)		•	75,860.			75,860.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties .	(A. D 1	62.7				
	6 a	Gross Rents	(i) Real	(ii) Personal	İ			
	l t				f	‡		
		: Rental Income or (loss)			į ,		,	
			<u> </u>	>	1	i i		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		,,,].			
	ŧ	Less: cost or other basis			,	,		
		and sales expenses						
	c	Gain or (loss)		l	<u>}</u>	‡		
	•		• •	<u> </u>				
en e	8 a	Gross income from fundraising		1			`	
Ven		Including \$	of					
Other Reven		contributions reported on line	•		·	‡		
þer		Part IV, line 18	, a		,			
δ		 Less: direct expenses Net income or (loss) from fund 	_	\				
ł		Gross income from gaming a			,	,		
		Part IV, line 19	а		,	[•	
	ь	Less: direct expenses	b		, · ·	<u>,</u>		
	c	Net income or (loss) from gan	ning activities	. •				
	10 a	Gross sales of inventory, less	returns					, ,
		and allowances .	а			`		,
		Less: cost of goods sold	b	L		,		
	c	Net income or (loss) from sale		>				
	44 -	Miscellaneous Revenu		Business Code				
	11 a			-				·
	C		- · · · - · · · · · · · · · · · · · · ·	ļ 			1	
	d			<u> </u>				
		Total. Add lines 11a-11d		-				
_	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c 9c 1/		879,560.	803,700.	0.	75,860.
83200 02-02								Form 990 (2008)

9

Form **990** (2008)

PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<u> </u>		expenses	general expenses	expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in			73 7	
				7, 1	N
	the U.S. See Part IV, line 22		····		
	Grants and other assistance to governments,				`
	organizations, and individuals outside the U.S.			,	
	See Part IV, lines 15 and 16				
	Benefits paid to or for members			 	·
	Compensation of current officers, directors,				
	trustees, and key employees				<u></u>
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	-		<u> </u>	
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
	Other employee benefits				····
	Payroll taxes				
	Fees for services (non-employees):	4 500	4 500		
a M	Management	4,500. 34,914.	4,500.		
	Legal	34,914.	34,914.		
	Accounting				
	Lobbying		 		
	Professional fundraising services See Part IV, line 17			/ II	
f I	nvestment management fees				
g	Other				
12 /	Advertising and promotion				
13 (Office expenses	47.	47.		
14 I	nformation technology				
15 F	Royalties				
16 (Occupancy L				
17]	Travel .		· <u> </u>		
18 F	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
20 1	Interest	351,726.	351,726.		
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization	202,618.	202,618.		
23	Insurance .	2,747.	2,747.		
24 (Other expenses literalize expenses not covered		,		
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			"	
ė	expenses shown on line 25 below)		<u> </u>		
a <u>2</u>	AMORTIZATION	11,354.	11,354.		
b					
c					
ď					
е_					
f A	All other expenses				
25 T	Fotal functional expenses. Add lines 1 through 24f	607,906.	607,906.	0.	0.
	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	r x	Balance Sneet		(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		813,050.	1	221,616.		
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net	· ·	5,965.	4	5,965.		
	5	Receivables from current and former officers,	directors, trustees, key					
		employees, or other related parties. Complete	Part II of Schedule L		5			
	6	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 49						
		Part II of Schedule L			6			
Ş	7	Notes and loans receivable, net .		737,917.	7	813,776.		
Assets	8	Inventories for sale or use .	ventories for sale or use					
ď	9	Prepaid expenses and deferred charges		254,510.	9	243,907.		
	10a	Land, buildings, and equipment: cost basis	10a 8,067,284.			,		
	ь	Less: accumulated depreciation. Complete						
	1	Part VI of Schedule D	10ы 933,451.	7,336,451.	10c	7,133,833.		
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line	:11 .		12			
	13	Investments · program-related. See Part IV, line	e 11		13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		61,505.	15	61,505.		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	9,209,398.	16	8,480,602.		
	17	Accounts payable and accrued expenses			17	1,368.		
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities .			20			
es	21	Escrow account liability. Complete Part IV of S	chedule D		21			
Liabilities	22	Payables to current and former officers, direct	ors, trustees, key employees,					
jab		highest compensated employees, and disqual	fied persons. Complete Part II	,				
		of Schedule L			22			
	23	Secured mortgages and notes payable to unre	7,736,392.	23	7,535,527.			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities. Complete Part X of Schedule [1,496,824.	25	695,871.		
	26	Total liabilities. Add lines 17 through 25		9,233,216.	26	8,232,766.		
		Organizations that follow SFAS 117, check I	here 🕨 🗓 and complete					
ės		lines 27 through 29, and lines 33 and 34.						
alances	27	Unrestricted net assets		-23,818.	27	247,836.		
	28	Temporanly restricted net assets			28			
2	29	Permanently restricted net assets .			29			
Ţ.		Organizations that do not follow SFAS 117,	check here 🕨 🔔 and	,				
ō		complete lines 30 through 34.						
Net Assets or Fund B	30	Capital stock or trust principal, or current fund	· · · · · · · · · · · · · · · · · · ·		30_			
As	31	Paid-in or capital surplus, or land, building, or e			31			
ě	32	Retained earnings, endowment, accumulated	ncome, or other funds		32	245-226		
_	33	Total net assets or fund balances .		-23,818.	33	247,836.		
	34	Total liabilities and net assets/fund balances		9,209,398.	34	8,480,602.		
Pa	rt XI	Financial Statements and Reportin	g			Yee No.		
				٦.		Yes No		
1		ounting method used to prepare the Form 990:		_ Other				
		the organization's financial statements compile		accountant?		2a X		
		the organization's financial statements audited	•			2b X		
С		es" to lines 2a or 2b, does the organization have			audit			
Λ.		w, or compilation of its financial statements and				2c X		
Ja		result of a federal award, was the organization r	equired to undergo an audit or aud	dits as set forth in the Sing	ile Aud			
		and OMB Circular A-133?				3a X		
		es," did the organization undergo the required at	Jan or audits?			3b (2008)		
A-7201	1 12-18	-ne				C DDD /000		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public

OMB No 1545-0047

Name of the organization

PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

Employer identification number 20-0701353

The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I b Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nα the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of (iv) is the organization (v) Did you notify the (vI) is the (i) Name of supported (ii) EIN (vii) Amount of organization in col (i) listed in your organization in col organization support (described on lines 1-9 organized in the governing document? (I) of your support? US? above or IRC section (see instructions)) Yes No Yes No Yes Nο PHILADELPHIA ACADEMY CHA 23-2998638501(C)(3) Х Х Х

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008						Page 2
Part II Support Schedule for C)rganizations	Described in	Sections 170)(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
(Complete only if you checked						
Section A. Public Support					-	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-	_					
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 · 3				ļ		
5 The portion of total contributions		`	` '	1	` !	
by each person (other than a	` `	*				
governmental unit or publicly		*				
supported organization) included		, , ,		1		
on line 1 that exceeds 2% of the	٠,					
amount shown on line 11,			,			
column (f)			·	-		
6 Public Support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
Section B. Total Support			·	T	1	···
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		·				-
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on				 		
10 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	ato /see instruction			.£	12	L
13 First five years. If the Form 990 is for t			d fourth or fifth t	Yay waar ac a cactu		· · · · · · · · · · · · · · · · · · ·
organization, check this box and stop		s inst, second, tim	a, lourth, or little	lax year as a section	on 301(c)(3)	▶□
Section C. Computation of Public		rcentage		•	 -	
14 Public support percentage for 2008 (lin		- -	column (ft)		14	
15 Public support percentage from 2007 s		•	Column (1))		15	9/
16a 33 1/3% support test - 2008. If the or			n line 13 and line	 14 is 33 1/3% or a		
stop here. The organization qualifies a					nore, check this bo	ıx anu ► □
b 33 1/3% support test - 2007. If the on		•	•	 Hime 15 is 33 1/39	 6 or more check th	nie boy
and stop here. The organization qualifi				0 10 13 00 1/0/	o or more, encer to	>∪^
17a 10% -facts-and-circumstances test				e 13, 16a or 16b	and line 14 is 10%	or more.
and if the organization meets the "facts						
meets the "facts-and-circumstances" to						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	10) 2004	10, 2000	10, 2000	(G) 2007	(e) 2000	tij rotar
membership fees received. (Do not		1				
include any *unusual grants.*)						
2 Gross receipts from admissions,					-	
merchandise sold or services per-			:			
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						1
3 Gross receipts from activities that		 			-	
are not an unrelated trade or bus-						
iness under section 513						
· -						<u> </u>
4 Tax revenues levied for the organ-			ļ			
ization's benefit and either paid to						
or expended on its behalf		 				
5 The value of services or facilities						
fumished by a governmental unit to						
the organization without charge		 				
6 Total. Add lines 1 · 5		ļ <u> </u>				
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of 1% of the total of lines 9,				İ		
10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	·	ļ				
8 Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>			<u> </u>	
Section B. Total Support			,			
Calendar year (or fiscal year beginning in)▶∟	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources		<u> </u>				
b Unrelated business taxable income						
(less section 511 taxes) from businesses		1				
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on		ļ .				
12 Other income. Do not include gain						
or loss from the sale of capital		ļ			1	
assets (Explain in Part IV.) 13 Total support (Add ilnes 9, 10c, 11, and 12)	······································					
14 First five years. If the Form 990 is for the	he organization's	s first second thir	d fourth or fifth to	v vear as a secti		otion
check this box and stop here	organization :	3 11/31, 3000110, 11111	a, looren, or men te	ix year as a secti	on sor(c)(s) organiz	ation,
Section C. Computation of Public	Support Pe	rcentage	· · · · · · · · · · · · · · · · · · ·			
15 Public support percentage for 2008 (lin			column (fl)		15	
16 Public support percentage from 2007 S			.01011111 (1))	·	16	
Section D. Computation of Invest				··	110	
17 Investment income percentage for 200			13 column (f)		17	
18 Investment income percentage from 20			ie 13, coluinii (i))			
comon moone percentage (10/1) 20			on line 44 == → li	. 15 10	22.1/20/	7
19a 33 1/3% support tests = 2009 If the ex	JOHN AUCH COLD IN	OLCHECK THE DOX C	an line 14, and line	io is more than	აა 1/3%, and line 1	/ is not
19a 33 1/3% support tests - 2008. If the or	istan basa 🏋		fi			
19a 33 1/3% support tests - 2008. If the or more than 33 1/3%, check this box and b 33 1/3% support tests - 2007. If the or	i stop here. The	organization quair				. ▶∟
more than 33 1/3%, check this box and b 33 1/3% support tests - 2007. If the or	i stop here. The rganization did n	organization quaîr not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	ınd
more than 33 1/3%, check this box and	i stop here. The rganization did n k this box and st	organization qualr not check a box on top here. The orga	line 14 or line 19a nization qualifies a	, and line 16 is m is a publicly supp	ore than 33 1/3%, a ported organization	ind

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

PHILADELPHIA ACADEMY COMMUNITY
DEVELOPMENT CORPORATION

Employer identification number 20-0701353

Pa	organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(h) Funds and other accounts
		(a) Donor advised futius	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e		. Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds may b	pe used only
	for charitable purposes and not for the benefit of the donor or		
Pa	rt # Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	rvation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2ь
c	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
ď	Number of conservation easements included in (c) acquired at		2d
3	Number of conservation easements modified, transferred, rele		\
•	year ▶	acce, extingeished, or terminated by the	to organization during the taxable
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	*****	and
·	enforcement of the conservation easements it holds?	sale monitoring, inspection, violations,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
٠		satisfy the requirements of section 17	((1)(4)(6)(l)
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
Da	conservation easements. If III Organizations Maintaining Collections of	Art Historical Transcripts on (Other Cimilar Assets
Fan		-	Juner Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Fart IV, line 6.	· · · · · · · · · · · · · · · · · · ·
4.	KM		
ıa	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, edi	•	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		
ь	If the organization elected, as permitted under SFAS 116, to re	·	
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gaın, provide
	the following amounts required to be reported under SFAS 116	6 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		. \$

PHILADELPHIA ACADEMY COMMUNITY

DEVELOPMENT CORPORATION 20-0701353 Page 2 Schedule D (Form 990) 2008 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): Dublic exhibition Loan or exchange programs Scholarty research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Trust, Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes □ No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance d Additions during the year 1d e Distributions during the year 1e 1f f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V | Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year 1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment **b** Permanent endowment ► c Term endowment ▶ 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь

Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Depreciation (d) Book value basis (investment) basis (other) 1a Land b Buildings .. 8,067,284 933,451 7,133,833. c Leasehold improvements d Equipment e Other 7,133,833. Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

PHILADELPHIA ACADEMY COMMUNITY

Schedule D (Form 990) 2008 DEVELOPMENT CORPORATION

20-0701353 Page 3

Financial derivatives and other financial products Closely-held equity interests Other Total. (Col (b) should equal form 990. Part X col (8) line 12) Part Vili Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) should equal form 990, Part X col (8) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Col (b) should equal form 990, Part X, col (8) line 15). Part IX Other Liabilities. See Form 990, Part X, line 15. (b) Book value (c) Book value (d) Book value (e) Book value (e) Book value (f) Book value (h) Book value	(a) Description of security or category (including name of security)	(b) Book value		Method of valua r end-of-year mark	
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PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

Sche	edule D (Form 990) 2008 DEVELOPMENT CORPORATION			20-0	701353	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to I	Financial St	atements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		879,	560.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			906.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		271,	654.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities	•	5			
6	Investment expenses		6			
7	Prior period adjustments	•	7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	••	10		271,	654.
	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rev	enue per	Return		
1	Total revenue, gains, and other support per audited financial statements .			1	879,	560.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments .	2a				
ь	Donated services and use of facilities	2b				
С	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV)	2d]		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	879,	560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5		560.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Ex	penses pe	r Returr	1	
1	Total expenses and losses per audited financial statements			1	607,	906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		4 1		
ь	Prior year adjustments	2b		_		
c	Losses reported on Form 990, Part IX, line 25	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	607	,906.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		-		_
c	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information			5	607	906.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	, lines 1a and 4;	Part IV, lines	1b and 2b	; Part V, line	4; Part

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

2008 Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization PHILADELPHIA ACADEMY COMMUNITY

Employer identification number

		ELOPME										20-0	7/0135	<u> </u>	
Part i	Excess Benefit														
	To be completed by	organization	<u>s that</u>	answe	red 'Y	es' on Fom	<u>n 990</u>	, Part IV,	line 25a or	25b, or 1	om 99	0-EZ, ſ	Part V, line		
1	(a) Name of dis	qualified per	son					(P) I	Description	of transa	ection			(c) Con	rected?
	(-) (10.00													Yes	No
											 -				├ ──
														 	
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section	e amount of tax impo	osed on the d	organi	zation r	палад	ers or aisqu	Jaime	a person	s auring the	year ur	aer		•		
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3 Enter th	e amount of tax, if al	iy, on ane 2,	above	, reimo	ursea	by the orga	ınızatı	ion .			• •		a		
Part II	Loans to and/or	r From Int	eres	ted P	erso	ns.				·					
	To be completed by						- 000	Dort IV	line 26 or i	50rm 001	1.E7 Da	-+ \/ -	282		
	ne of interested	(b) Loan		T		ginal princi			ance due) in		pproved	(a) W	ritten
	n and purpose	the orga				amount	الما	(U) Dai	ance due		ault?		board or nmittee?		ment?
		То	Fre	om						Yes	No	Yes		Yes	No
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			<u> </u>												
	 														
		<u></u>	<u> </u>							1	1				
Total							\$					<u> </u>			
Part III	Grants or Assis	tance Ber	nefiti	ng in	teres	ted Pers	ons.	•							
	To be completed by	organization	s that	answei	red 'Y	es" on Forn	n 990	, Part IV,	line 27.						_
(a)	Name of interested p	person		((b) Rela	ationship be	etwee	en interes	sted person	and	-	(c) Am	nount of gr		pe
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Part IV	Business Trans	actions In	volv	ing In	teres	sted Pers	sons	 }.							
	To be completed by			_					lines 28a 2	98b or 2	8c				
	Name of interested		3.20.			ship betwee			(c) Amo			Descr	iption of	(e) Sha	aring of
, ,	•					and the org			transa			transa	•	organiz	zation's
														Yes	No
	MCLAUGHLIN					BOARD				0	.NAN	ICY	MCLAU		Х
DAVID S						BOARD							SEGAL		Х
JACK JU	DOD			VOT	ING	BOARD	ME	MBER		0	.JAC	K J	UNOD		Х
				<u> </u>		· · ·									
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization PHILADELPHIA ACADEMY COMMUNITY
DEVELOPMENT CORPORATION

Employer identification number 20-0701353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PHILADELPHIA ACADEMY CHARTER SCHOOL.
FORM 990, PART VI, SECTION A, LINE 3: BUSINESS MANAGEMENT DUTIES ARE
PERFORMED BY SANTILLI & THOMSON, LLC.
FORM 990, PART VI, SECTION A, LINE 5: THE ORGANIZATION BECAME AWARE OF
MISSAPROPRIATION OF ASSETS DURING THE YEAR. THE FUNDS ARE TO BE REPAID TO
THE ORGANIZATION'S RELATED PARTY, PHILADELPHIA ACADEMY CHARTER SCHOOL, BY
THE PARTIES WHO MISSAPROPRIATED THE ASSETS.
FORM 990, PART VI, SECTION A, LINE 10: 990 IS REVIEWED BY THE MANAGEMENT
COMPANY AND BOARD TREASURER AND IS SIGNED BY THE BOARD TREASURER.
FORM 990, PART VI, SECTION C, LINE 18: INFORMATION IS AVAILABLE THROUGH
WWW.GUIDESTAR.COM, DUNN AND BRADSTREET, AND THROUGH REQUEST VIA RIGHT TO
KNOW.
FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE THROUGH
WWW.GUIDESTAR.COM, DUNN AND BRADSTREET, AND THROUGH REQUEST VIA RIGHT TO
KNOW.
THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SELECTING AND OVERSEEING AN
INDEPENDENT AUDITOR.
,

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

PHILADELPHIA ACADEMY COMMUNITY Name of the organization Employer identification number DEVELOPMENT CORPORATION 20-0701353 SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: NANCY MCLAUGHLIN (D) DESCRIPTION OF TRANSACTION: NANCY MCLAUGHLIN IS ALSO A VOTING BOARD MEMBER OF THE RELATED PARTY, PHILADELPHIA ACADEMY CHARTER SCHOOL. (A) NAME OF PERSON: DAVID SEGAL (D) DESCRIPTION OF TRANSACTION: DAVID SEGAL IS ALSO A VOTING BOARD MEMBER OF THE RELATED PARTY, PHILADELPHIA ACADEMY CHARTER SCHOOL. (A) NAME OF PERSON: JACK JUNOD (D) DESCRIPTION OF TRANSACTION: JACK JUNOD IS ALSO A VOTING BOARD MEMBER OF THE RELATED PARTY, PHILADELPHIA ACADEMY CHARTER SCHOOL.

Open to Public Inspection Schedule R (Form 990) 2008 Employer identification number 20-0701353 OMB No 1545-0047 Direct controlling Direct controlling entity entity End-of-year assets status (if section ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Public charity 501(c)(3)) Œ Exempt Code Total income section 501(C)(3) 9 6 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► See separate instructions. ENNSYLVANIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PHILADELPHIA ACADEMY COMMUNITY Primary activity Primary activity <u>e</u> <u>@</u> DEVELOPMENT CORPORATION CHARTER SCHOOL Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities 23-2998638, 11000 ROOSEVELT BOULEVARD PHILADELPHIA ACADENY CHARTER SCHOOL Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 19116 Name of the organization PHILADELPHIA, PA Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

20-0701353

Page 2

Schedule R (Form 990) 2008 DEVELOPMENT CORPORATION

Part || Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner/ Yes No			
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
(H) Disproportion- ate allocations? Yes No			
(G) Share of end-of-year assets			
(F) Share of total income			
(E) Predominant income (related, investment, unrelated)		•	
(C) (D) Legal domicile (state or breet) (ctate or breet) country)			
(C) Legal domicile (state or foreign country)			
(B) Primary activity			
(A) Name, address, and EIN of related organization			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Page 3

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Schedule R (Form 990) 2008 DEVELOPMENT CORPORATION

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		^
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Giff, grant, or capital contribution to other organization(s)		1b X
c Gift grant, or capital contribution from other organization(s)	•	1c X
		X PI
		1e X
f Sale of assets to other organization(s)	:	
g Purchase of assets from other organization(s)	٠	19 X
h Exchange of assets		t X
i Lease of facilities, equipment, or other assets to other organization(s)		41 X
i Lease of facilities. equipment, or other assets from other organization(s)		ı. X
k Performance of services or membership or fundraising solicitations for other organization(s)	•	1k X
1 Performance of services or membership or fundraising solicitations by other organization(s)		= ×
m Sharing of facilities, equipment, mailing lists, or other assets		± X
n Sharing of paid employees		1n X
		,
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1 ₀ X
q. Other transfer of cash or property to other organization(s)		19 7.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.	
(4)	6	Q
Name of other organization(s)	Transaction type (a-r)	Amount involved
AN PHILADELPHIA ACADEMY CHARTER SCHOOL	ы	695,871.
(2) PHILADELPHIA ACADEMY CHARTER SCHOOL	H	803,700.
(4)		
(5)		
822163 12-23-08	Sche	Schedule R (Form 990) 2008

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PHILADELPHIA ACADEMY COMMUNITY DEVELOPMENT CORPORATION

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(B)	(0)	<u>ē</u>	(E)	6	(5)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share	Dispropor-	Code V-UBI	
of entity		(state or foreign	organizations?	year assets	allocations?	of Schedule K-1	
		country)	Yes		Yes No		Yes No
			_				
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					_		
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Schedule R (Form 990) 2008

Form	8868 (Rev 4-2009)				Page 2
• If y	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this bo	х .		▶ X
	. Only complete Part II if you have already been granted an automatic 3-month extension on a prev			3868.	—
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the on	ginal (no co	pies n	eeded)	
	Name of Exempt Organization		Empl	oyer identif	ication number
Туре	or PHILADELPHIA ACADEMY COMMUNITY	* * 4			
print	DEVELOPMENT CORPORATION	, n.m.	2	0-0701	353
File by extended due da	Number, street, and room or suite no. If a P.O. box, see instructions.		For IF	S use only	
filing the return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				` ,
	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4			rm 5227 rm 6069	Form 8870
STOP	P! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previous	sly file	d Form 886	8.
• If t	SANTILLI & THOMSON, LLC - 4 GREENT to books are in the care of ► LINCOLN DRIVE, SUITE 302 - MARLTON dephone No. ► 856-505-1300 FAX No. ► the organization does not have an office or place of business in the United States, check this box this for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	N, NJ	0 8 0 ! s is for	53 the whole g	▶ ☐
box 1	2000 15 0010	EINS of all i	membe	ers the exte	ision is for.
4		4 4	זאווד	30, 2	000
5 6			$\overline{}$		
7	If this tax year is for less than 12 months, check reason: Initial return Final re State in detail why you need the extension	turn	L \	onange in a	ccounting period
•	ADDITIONAL INFORMATION NEEDED FROM THIRD PARTIES	TN OR	DER	TO CO	MDI.FTF
	AN ACCURATE RETURN.	111 011	<u> </u>	10 00	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	v			
-	nonrefundable credits. See instructions.	''	8a	\$	
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estim	ated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868.		8ь	\$	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de	eposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in		8c	\$	N/A
	Signature and Verification			•	
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement ue, correct, and complete, and that I am authorized to prepare this form.	s, and to the			
Signat	ture ▶ Tritle ▶ CPA		Date	> ~/	/-//0

Form 8868 (Rev. 4-2009)